01/004/04/basic

BASIC
SSA Pub. No. 68-0100404
May 1989

Audience: OCRO/DOC: ADOCPA, DPBDT, DPBLDT, SDOCPA, WBPA

Originating Office: OPR

PROGRAM OPERATIONS MANUAL SYSTEM
Part 01 - Records Maintenance
Chapter 004 - SSN Applications - Four-Phase Data Entry
Subchapter 04 - Parts of the Form SS-5 (11/86 Version)

New Material	No. of Pages
Table of Contents (RM 00404.001).....	1
RM 00404.001A.-RM 00404.001B.	1

Discard	No. of Pages
Table of Contents (RM 00404.001-RM 00404.002).	1
RM 00404.002..... (Entire Subchapter)	1

Background

RM 00401.000ff through RM 00499.000ff have been rewritten and reorganized to make the instructions clearer and easier to use. This transmittal revises RM 00404.000. Receipt and control procedures now appear in RM 00406.000ff with the discussion of each job. This chapter now describes Form SS-5. A conversion chart is included showing the former POMS sections and the corresponding new sections.

This transmittal makes no policy changes.

Effective Date: Upon Receipt

U.S. Department of Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0100404
I.C.N. NONSTOCK

Selective Distribution
E20/OCRO
To adjust quantity requirements, submit form SSA-1296, "Request for Address or Distribution Change."

HE 3.6/5:

POMS

PROGRAM OPERATIONS MANUAL SYSTEM

Part 01

Records Maintenance

CHAPTER 004

SSN Applications - Four-Phase Data Entry

SUBCHAPTER 04

Parts of the Form SS-15 (11/86 Version)

U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0100404

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1.			37.			73.			109.		
2.			38.			74.			110.		
3.			39.			75.			111.		
4.			40.			76.			112.		
5.			41.			77.			113.		
6.			42.			78.			114.		
7.			43.			79.			115.		
8.			44.			80.			116.		
9.			45.			81.			117.		
10.			46.			82.			118.		
11.			47.			83.			119.		
12.			48.			84.			120.		
13.			49.			85.			121.		
14.			50.			86.			122.		
15.			51.			87.			123.		
16.			52.			88.			124.		
17.			53.			89.			125.		
18.			54.			90.			126.		
19.			55.			91.			127.		
20.			56.			92.			128.		
21.			57.			93.			129.		
22.			58.			94.			130.		
23.			59.			95.			131.		
24.			60.			96			132.		
25.			61.			97.			133.		
26.			62.			98.			134.		
27.			63.			99.			135.		
28.			64.			100.			136.		
29.			65.			101.			137.		
30.			66.			102.			138.		
31.			67.			103.			139.		
32.			68.			104.			140.		
33.			69.			105.			141.		
34.			70.			106.			142.		
35.			71.			107.			143.		
36.			72.			108.			144.		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145			181			217			253		
146			182			218			254		
147			183			219			255		
148			184			220			256		
149			185			221			257		
150			186			222			258		
151			187			223			259		
152			188			224			260		
153			189			225			261		
154			190			226			262		
155			191			227			263		
156			192			228			264		
157			193			229			265		
158			194			230			266		
159			195			231			267		
160			196			232			268		
161			197			233			269		
162			198			234			270		
163			199			235			271		
164			200			236			272		
165			201			237			273		
166			202			238			274		
167			203			239			275		
168			204			240			276		
169			205			241			277		
170			206			242			278		
171			207			243			279		
172			208			244			280		
173			209			245			281		
174			210			246			282		
175			211			247			283		
176			212			248			284		
177			213			249			285		
178			214			250			286		
179			215			251			287		
180			216			252			288		

Chapter 004 - SSN Applications - Four-Phase Data Entry

Subchapter 04 - Parts of the Form SS-5 (11/86 Version)

Old POMS Reference	*New POMS Reference*
00404.001	deleted
00404.002	00406.004
	00406.008
	00406.012
	00406.020
	00414.001
	00416.001
	00418.001

00404.000 Form SS-5 (11//86 Version)

	Section
Parts of the Form SS-5 (11/86 Version)	00404.001

00404.001 Parts of the Form SS-5 (11/86 version)

A. Exhibit

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0066

FORM SS-5 – APPLICATION FOR A SOCIAL SECURITY NUMBER CARD (Original, Replacement or Correction)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422.103(b))

INSTRUCTIONS TO APPLICANT ▶ Before completing this form, please read the instructions on the opposite page. Type or print, using pen with dark blue or black ink. Do not use pencil. SEE PAGE 1 FOR REQUIRED EVIDENCE.

NAME TO BE SHOWN ON CARD — First | Middle | Last

FULL NAME AT BIRTH (IF OTHER THAN ABOVE) — First | Middle | Last

OTHER NAME(S) USED

MAILING ADDRESS (Street/Apt. No., P.O. Box, Rural Route No.)

CITY (Do not abbreviate) | STATE | ZIP CODE

CITIZENSHIP (Check one only)
- ☐ a U.S. citizen
- ☐ b Legal alien allowed to work
- ☐ c Legal alien not allowed to work
- ☐ d Other (See instructions on Page 2)

SEX
- ☐ MALE
- ☐ FEMALE

RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
- ☐ a Asian, Asian-American or Pacific Islander (Includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
- ☐ b Hispanic (Includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
- ☐ c Negro or Black (not Hispanic)
- ☐ d Northern American Indian or Alaskan Native
- ☐ e White (not Hispanic)

DATE OF BIRTH ▶ MONTH | DAY | YEAR — PRESENT AGE — PLACE OF BIRTH ▶ CITY (Do not abbreviate) | STATE OR FOREIGN COUNTRY (Do not abbreviate)

MOTHER'S NAME AT HER BIRTH — First | Middle | Last (Her maiden name)

FATHER'S NAME — First | Middle | Last

a. Has a Social Security number card ever been requested for the person listed in item 1? ☐ YES(2) ☐ NO(1) ☐ Don't know(1)

b. Was a card received for the person listed in item 1? ☐ YES(3) ☐ NO(1) ☐ Don't know(1)

▶ IF YOU CHECKED YES TO A OR B, COMPLETE ITEMS C THROUGH E, OTHERWISE GO TO ITEM 11.

c. Enter the Social Security number assigned to the person listed in item 1 ☐☐☐-☐☐-☐☐☐☐

d. Enter the name shown on the most recent Social Security card issued for the person listed in item 1.

e. Date of birth correction (See instruction 10 on page 2) MONTH | DAY | YEAR

TODAY'S DATE ▶ MONTH | DAY | YEAR

Telephone number where we can reach you during the day. Please include the area code. ▶ HOME | OTHER

WARNING: Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.

IMPORTANT REMINDER: WE CANNOT PROCESS THIS APPLICATION WITHOUT THE REQUIRED EVIDENCE. SEE PAGE 1.

YOUR SIGNATURE

YOUR RELATIONSHIP TO PERSON IN ITEM 1
- ☐ Self
- ☐ Other (Specify) _____

WITNESS (Needed only if signed by mark "X")

WITNESS (Needed only if signed by mark "X")

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

DTC (SSA RECEIPT DATE) | NPN | DOC

NTC | CAN | BIC | IDN | ITV ☐ MANDATORY IN PERSON INTERVIEW CONDUCTED

TYPE(S) OF EVIDENCE SUBMITTED

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW

DATE

DCL | DATE

Form SS-5 (11-86)
5/84, 1/85 and 8/85 editions may be used until supply is exhausted

B. Description

Field Name	*Contains the...*
NAA	name to be shown on card
NAB	full name at birth
ONA	other names used
STT	street mailing address
CTY	mailing city
STE	mailing state
ZIP	zip code
CSP	citizenship/alien status
SEX	sex
ETB	race/ethnic description
DOB	date of birth
AGE	age (as of last birthday)
PLB	place of birth
FCI	foreign country indicator
MNA	mother's name at her birth
FNA	father's name
PNO	prior number indicator
SSN	alleged prior number
NLC	name on last card
PDB	prior date of birth
DON	date of application
Telephone Number	telephone number
Your Signature	signature
DTC	SSA receipt date
NPN	nonprogram number
DOC	district office code
NTC	notify code
CAN	auxiliary claim number
IDN	evidence code
ITV	interview code
Types of Evidence Submitted	type(s) of evidence submitted
DCL	certification date

D. References

RM 00406.001, How to Review Form SS-5 (11/86)

RM 00406.002, How to Key Names on Forms SS-5 Using Four-Phase

RM 00406.003, How to Key Information on the Forms SS-5 into Four-Phase Jobs

RM 00406.006, How to Key Four-Phase Job NURGT

RM 00406.010, How to Key Four-Phase Job NSPEC

RM 00406.014, How to Key Four-Phase Job NFORC

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